

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 055305

2013 JUL 30 AM 9: 29

MICHAEL B. BROWN
RECORDER

Return Tax Bills to:

Aurelio Alvarez, Jr.
4018 Cameron Avenue
Hammond, IN 46327

SURVIVORSHIP AFFIDAVIT

Aurelio Alvarez, Jr., being duly sworn upon his oath, says:

1. He is the owner in fee simple of the real estate located in Lake County, State of Indiana, commonly known as **4018 Cameron Avenue, Hammond, Indiana 46327**, and more particularly described as follows:

Lot 19 in Block 5 in Steel Manor, in the City of Hammond, as per plat thereof, recorded in Plat Book 19, page 20, in the Office of the Recorder of Lake County, Indiana.

Parcel Number: 45-02-24-457-014.000-023

FILED

JUL 30 2013

PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR

2. That he and Trine M. Alvarez, a/k/a Trinidad M. Alvarez, were married on the 18th day of February, 1956. That as husband and wife they acquired title to said real estate. That title to said real estate was held as tenants by the entirety.
3. That Trine M. Alvarez, a/k/a Trinidad M. Alvarez, a resident of Lake County, Indiana, died on the 4th day of June, 2013, at which time said real estate became the sole property of the affiant.
4. That the decedent's gross probate estate, less liens and encumbrances, does not exceed the amount allotted under 29-1-8-1 and that no estate is pending in any Indiana court, no Federal Estate Tax and no Indiana Inheritance Tax regarding the estate of Trine M. Alvarez, a/k/a Trinidad M. Alvarez is due or payable.
5. The statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to obviate any problem concerning Federal Estate Tax or Indiana Inheritance Tax, and to induce the Auditor of

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ck=DN

Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Aurelio Alvarez, Jr.**, whose mailing address for real estate tax purposes is **4018 Cameron Avenue, Hammond, Indiana 46327.**

Further your affiant sayeth not.

Aurelio Alvarez Jr.
Aurelio Alvarez, Jr.
4018 Cameron Avenue, Hammond, IN 46327

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

Before me, a Notary Public in and for said county and state, personally appeared Aurelio Alvarez, Jr., and being first duly sworn by me upon his oath, says that the facts alleged in the foregoing Survivorship Affidavit are true.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

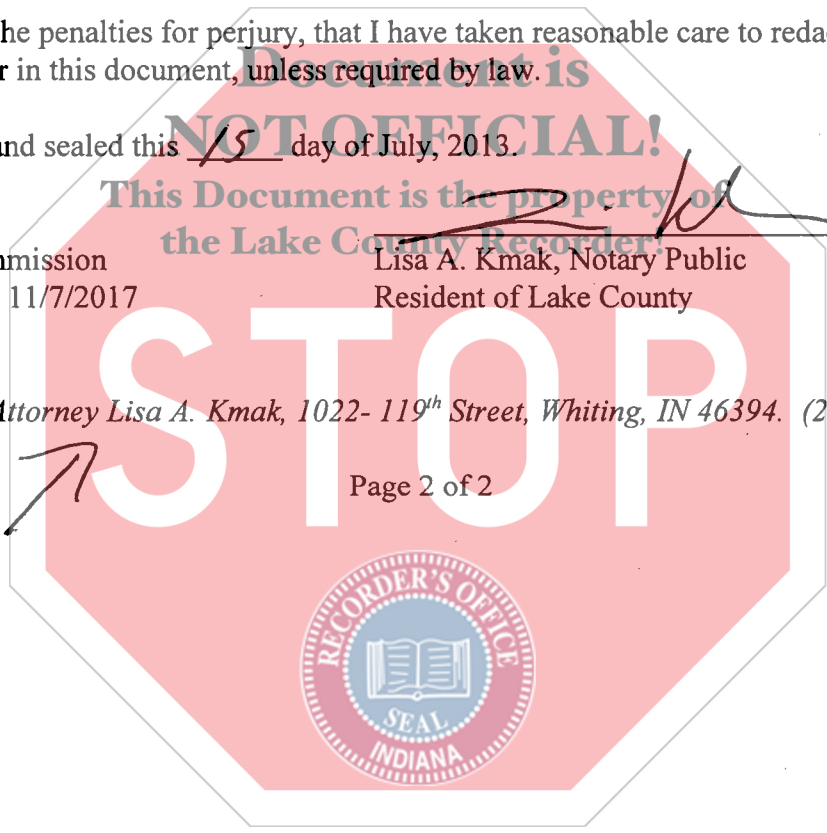
Signed and sealed this 15 day of July, 2013.

My Commission
Expires: 11/7/2017

Lisa A. Kmak
Lisa A. Kmak, Notary Public
Resident of Lake County

Prepared by: Attorney Lisa A. Kmak, 1022- 119th Street, Whiting, IN 46394. (219) 659-1355.

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001961

EDR No 00000327083

State No 026708

1. Decedent's Legal Name (First, Middle, Last) TRINIDAD M ALVAREZ			1a. Maiden Name (if female) MAGALLON			2. Sex FEMALE	3. Time Of Death 02:40 PM	4. Date Of Death (Month/Day/Year) 06/04/2013	
5. Social Security Number [REDACTED]	6a. Age - Yrs 81	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 12/18/1931		8. Birthplace (City and State or Foreign Country) UNAVAILABLE, MX	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) 4018 CAMERON AVENUE									
12. City Or Town, State, And Zip Code HAMMOND, IN, 46327					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name AURELIO ALVAREZ JR			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 4018 CAMERON AVENUE	18d. Apt. No.	18e. Zip Code 46327	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ALFREDO MAGALLON			23. Mother's Name (First, Middle, Last) JULIA MAGALLON			23a. Mother's Maiden Last Name CHAVEZ			
24. Informant's Name MARIA ALVAREZ-RODRIGUEZ		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1940 NEW YORK AVENUE, WHITING, IN 46394					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST JOHN-ST JOSEPH CEMETERY			25c. Location - City, Town, And State HAMMOND, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC (HAMMOND), 4404 CAMERON AVE, HAMMOND, IN 46327						27a. Funeral Home License Number: FH83002835		
27b. Signature Of Indiana Funeral Service Licensee: KEITH D. ANTHONY, BY ELECTRONIC SIGNATURE	27c. License Number Of Licensee: FD01013941	27d. Licensee's Signature: [Signature]							
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. PULMONARY FIBROSIS Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ C. _____ D. _____									
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: ALBERTO RAUL SANCHEZ, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ALBERTO RAUL SANCHEZ, 7310 WEST LINCOLN HIGHWAY, CROWN POINT, IN 46307						44. License Number 01038216A		45. Date Certified 06/07/2013	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 07 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									